

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							09/622406		FILING DATE				
APPLICANT(S)													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4	1						54						
5		1					55						
6							56						
7		6					57						
8		6					58						
9		6					59						
10		6					60						
11		6					61						
12	1						62						
13	1						63						
14		6					64						
15		6					65						
16		1					66						
17		1					67						
18	1						68						
19		1					69						
20		2					70						
21		6					71						
22	1						72						
23		1					73						
24		1					74						
25		1					75						
26		4					76						
27		4					77						
28		1					78						
29		1					79						
30		1					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6		4				TOTAL IND.						
TOTAL DEP.	58		45				TOTAL DEP.						
TOTAL CLAIMS	64						TOTAL CLAIMS						